

SERFF Tracking Number:	ARKS-125569970	State:	Arkansas
Filing Company:	14265 - INDIANA LUMBERMENS MUTUAL INS CO	State Tracking Number:	#90040080 \$50
Company Tracking Number:	4508		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	n/a		
Project Name/Number:	/		

Filing at a Glance

Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO

Product Name: n/a

SERFF Tr Num: ARKS-125569970 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #90040080 \$50

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 4508

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author:

Disposition Date: 03/24/2008

Date Submitted: 03/21/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: P-1405

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/24/2008

State Status Changed: 03/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Informational Filing for Adopting of TRIPA Revisions

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

SERFF Tracking Number: ARKS-125569970 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90040080 \$50
INS CO
Company Tracking Number: 4508
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: n/a
Project Name/Number: /

NA (123) 555-4567 [Phone]

NA, AR 00000

Filing Company Information

14265 - INDIANA LUMBERMENS MUTUAL CoCode: 14265 State of Domicile: Arkansas

INS CO

No Address

Group Code:

Company Type:

City, AR 99999

Group Name:

State ID Number:

(999) 999-9999 ext. [Phone]

FEIN Number: 99-9999999

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	<i>INS CO</i>		
<i>Company Tracking Number:</i>	<i>4508</i>		
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Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/24/2008	03/24/2008

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Disposition

Disposition Date: 03/24/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment: This filing can only be approved effective 1/1/2008 since it is adopting NCCI's Item Filing P-1405 which became effective 1/1/2008.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		No
Supporting Document	ARKS-125569970		No

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Rate Information

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Supporting Document Schedules

	Review Status:	
Satisfied -Name:	ARKS-125569970	03/24/2008
Comments:		
Attachment:		
ARKS-125569970.pdf		



March 3, 2008

ARKS-125569970

Honorable Mike Pickens
1200 West Third Street
Little Rock, AR 72201-1904

RE: Indiana Lumbermens Mutual Insurance Company
NAIC Number: 14265: Filing Number: 4508
Informational Filing for Adopting of TRIPA Revisions

ILM wishes to notify the Department of our compliance with the Terrorism Re-Authorization Insurance Program Act of 2007. An expedited filing is being submitted to provide the Department with documentation of the adoption or revised terrorism forms and disclosures as mandated by the federal program. The following forms are intended to replace all previous versions of terrorism forms.

- ILM is a member of the advisory bureau, NCCI for workers compensation. Therefore we will be using NCCI forms WC 00 01 13A and WC 00 04 21B. These filings have been submitted under NCCI Item P1405.
- ILM is also submitting a copy of our Certified Terrorism Disclosure Notices. We are using the NAIC model disclosures under independent form number 1603 01 08 for tracking purposes. A copy of this form has been included for your review.

In compliance with the TRIPA Act, these changes will affect in force, new and renewal policies as of December 27, 2007.

Enclosed, a postage paid return envelope has been provided to facilitate your response. If you have any questions regarding this filing, please contact me as directed below.

Respectfully submitted,

Zyvonne Adams, AIRC
Regulatory Compliance Manager
Indiana Lumbermens Mutual Insurance Company
zadams@ilmgroup.com
Ph.: 317-875-3709
Fax: 317-875-317-3601

Indiana Lumbermens Mutual Insurance Company • ILM
National Building Material Assurance Company • NBMA
Lone Star National Insurance Company • LSN

90040080

50.00

Approved until withdrawn
or revoked

JAN 01 2008

Arkansas Insurance Department
By: URS

RECEIVED

MAR 21 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

This page applies to ARKANSAS

Indicate Type of Filing
X Filing Related to <i>Certified Losses</i>
☐ Filing Related to <i>Non-Certified Losses</i>
☐ Filing Applicable to Both Certified and Non-Certified Losses

Bureau Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Indiana Lumbermens Mutual Insurance Company	Indiana	14265	35-0410420
Contact Info for Filer			

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Zyvon Adams (Form Filing) 3600 Woodview Trace Indianapolis, IN 46268	3178753709	3178753601	zadams@ilmgroup.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation
Filing Type ** see note below	Informational
This application is used with:	WC 00 00
Effective Date Requested	Immediate
Filing date	3/12/08
Company Tracking Number	4508
Date filing approved in domiciliary state, if applicable	Not yet acknowledged. Filed on same date as this filing

RECEIVED

MAR 21 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT


	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	TRIPA Program Disclosure Notice	16030108	[X] Replacement [] Withdrawn [] Neither	16030203	
03	Terrorism Risk Insurance Risk Reauthorization Act Endorsement	WC 00 01 13A	[X] Replacement [] Withdrawn [] Neither	WC 00 01 13	
04	Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21B	[X] Replacement [] Withdrawn [] Neither	WC 00 04 21A	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope large enough to accommodate the return.

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.


Signature

Zyvon Adams
Print Name:

Regulatory Compliance Manager
Title:

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act; the term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ _____ and does not include charges for any portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Signature

Print Name

Date

Name of Insurer:

Policy Number: